



Hospice Care of Middletown

2nd ANNUAL MOTHER'S DAY 5K RUN & WALK

WOODSIDE CEMETERY AND ARBORETUM, MIDDLETOWN, OH
SUNDAY, MAY 8, 2011 – 8:30 AM

Proceeds benefit Middletown Hospice Care.

LOCATION: Fairly flat course on paved trails through beautiful historic cemetery and arboretum (over 100 years old). For safety reasons, please do not bring pets. (Strollers are permitted if starting behind runners and faster walkers). **NEW: Chip timing by Speedy-Feet!!**

Directions to Woodside Cemetery: 1401 Woodside Blvd, Middletown located at intersection of State Rt. 4 and 14th Ave., approx. 3 miles north of SR63 west, I75 exit #29, or less than 1 mile south of downtown Middletown on Rt. 4. (Access from Middletown exit #32, SR122.) Park across street at Rosa Parks Elementary School and adjacent streets.

ENTRY FEES: Pre-Registered (by April 23rd for shirt, April 30th w/o shirt): \$18.00 includes t-shirt, \$13 without shirt. Race Day: \$20.00 with a shirt as long as supplies last, \$15 without shirt. Goody bags to first 100 registered. Check-in and race day registration begin at 7:30 AM. Results will be posted on our website, www.hospicecareofmiddletown.com

ONLINE REGISTRATION: www.runwalkjog.com/hospice (pay with credit card - small transaction fee.)

OR MAIL ENTRIES TO: Hospice Care of Middletown, 1001 Grove St., Suite 800, Middletown, OH 45044

CONTACT FOR ADDITIONAL INFORMATION: Kathy Gough 513-423-7496

AWARDS RUNNERS: Overall Male/Female, Top 3 Male/Female in age groups 12 and under, 13-19, 20-24, through 70-75, then 75+

WALKERS: (if you plan to run any of the course, you must sign up as a runner.) Top 3 each male and female.

Special gift for mothers walking or running with their sons or daughters – note below.

POST-RACE: Refreshments and door prizes (must be present to win).

Please note if you are walking or running in memory of a special person: _____

Are you a mother walking or running with a son or daughter (name sons/daughters here): _____

Last Name: _____ First Name _____ Sex (M/F) _____ Age on 5-08-11 _____ Run _____ * Walk _____

* Note: Walkers must walk entire course. If you plan to run even part of the course,, please sign up as a runner.

Address: Street _____ City _____ State _____ Zip Code _____

Phone # _____ Email address _____

Date of Birth (mm/dd/yyyy) _____ Optional Shirt (if purchased) XS__ S__ M__ L__ XL__ XXL__

Waiver of Liability: I, intending to be legally bound, for myself, my heirs, next of kin, executors, and administrators, voluntarily assume all risks of accident or injury and release and forever discharge, indemnify and hold harmless Hospice Care of Middletown, Woodside Cemetery, the City of Middletown, officers, sponsors, and agents (collectively the "Released Parties"), from any and all liability for personal injury or property damage of any kind sustained during the Hospice 2010 5k run & walk, whether such personal injury or property damage is caused by the gross negligence or carelessness of the Released Parties. I have full knowledge of the risks involved and attest that I am physically fit and sufficiently trained to participate in the Athletic Event. I grant permission to all foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legal purpose.

Please: NO ROLLERBLADES, SKATES, DOGS, OR HEADPHONES – IF WALKING WITH BABY STROLLERS, PLEASE START IN BACK.

Signature _____ Date _____

Signature _____ Date _____

(Parent's signature is required if participant is under 18 years of age)